

12/07/01  
 030 u.s. pto

12/18/01

Please type a plus sign (+) inside this box

→

PTO/SB/05 (11-00)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Attorney Docket No.	1804-A
First Inventor	Ervin K. VanDenberg
Title	LIFT AXLE SUSPENSION SYSTEM UTILIZING DIAPHRAGM
Express Mail Label No.	EL802150716US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the invention	b. Specification Sequence Listing on:
- Cross Reference to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total 26]	
5. Oath or Declaration [Total Pages 3]	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>	11. <input type="checkbox"/> English Translation Document (if applicable)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	13. <input type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other:

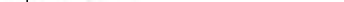
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit \_\_\_\_\_

## 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	000027542	or <input checked="" type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>			
Name	Joseph A. Sebolt				
	Sand & Sebolt				
Address	Aegis Tower, Suite 1100				
	4940 Munson St. NW				
City	Canton	State	OH	Zip Code	44718
Country	USA	Telephone	330-244-1174	Fax	330-244-1173

Name (Print/Type)	Joseph A. Sebolt	Registration No. (Attorney/Agent)	35,352
Signature			Date 12/7/01

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT **\$1,082.00**

## Complete if Known

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Ervin K. VanDenberg
Examiner Name	
Group Art Unit	
Attorney Docket No.	1804-A

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  
 Deposit Account Number **19-0083**

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

Applicant claims small entity status. See 37 CFR § 1.27

2.  Payment Enclosed:  
 Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201 370 Utility filing fee	<b>740.00</b>
106	330	206 165 Design filing fee	
107	510	207 255 Plant filing fee	
108	740	208 370 Reissue filing fee	
114	160	214 80 Provisional filing fee	
SUBTOTAL (1)			<b>\$740.00</b>

## 2. EXTRA CLAIM FEES

Extra Claims		Fee from below	Fee Paid
Total Claims	<b>39</b>	$20 \times 18.00 =$	<b>342.00</b>
Independent Claims	<b>3</b>	$3 \times 0 =$	<b>0.00</b>
Multiple Dependent			

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		<b>\$342.00</b>

\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

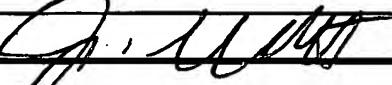
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non - English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR § 1.17(q)	
126	180	126 180 Submission of Information Disclosure Statement	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\_\_\_\_\_**

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Joseph A. Sebolt	Registration No. (Attorney/Agent)	35,352	Telephone	330-244-1174
Signature				Date	12/17/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Docket No.

Applicant(s): **Ervin K. VanDenberg****1804-A**Serial No.  
UnknownFiling Date  
Herewith

Examiner

Group Art Unit

Invention: **LIFT AXLE SUSPENSION SYSTEM UTILIZING DIAPHRAGM CHAMBERS**

I hereby certify that the following correspondence:

**Patent application, Data Sheet, Declaration and Power of Attorney, Fee Sheet***(Identify type of correspondence)*is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under  
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on12/7/01*(Date)***Tiffany M. Godfrey***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EL802150716US***("Express Mail" Mailing Label Number)*

10/31/02 12:07:03

**Note: Each paper must have its own certificate of mailing.**

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**Applicant(s): **Ervin K. VanDenberg**

Docket No.

**1804-A**

Serial No.

**Unknown**

Filing Date

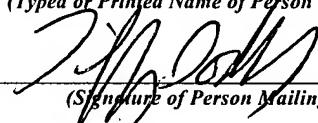
**Herewith**

Examiner

Group Art Unit

Invention: **LIFT AXLE SUSPENSION SYSTEM UTILIZING DIAPHRAGM CHAMBERS**

I hereby certify that the following correspondence:

**Assignment***(Identify type of correspondence)*Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under  
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on12/17/01*(Date)***Tiffany M. Godfrey***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EL802150716US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**